

State of California
Division of Workers' Compensation - Medical Unit
Replacement Panel Request-8 Cal. Code of Regulations section 31.5
(Please print or type)

2442507 7173815490 ADJ12031731 02/15/2019
Original panel number (Required) Claim number (Required) EAMS number (if a case is filed) Date of Injury (Required):

Jonathan Shockley
Employee first name (Required) Middle Employee last name (Required)
Initial
Requesting Party (Required)
☒ Applicant's Attorney/Injured Worker
☐ Defense Attorney/Claims Administrator

Indicate the reason why each QME should be replaced. A list of reasons is included in the instructions to this form. Attach documentation to this form to support the request for a new panel or explain the reason for the request in the space provided below. The failure to adequately document your request may result in your requests being delayed, returned or rejected.

Timothy S. Lo
1. QME Name (Required)

31.5(a)(2)-The QME cannot schedule the exam within 60 or 90 days. Indicate the date of the initial request for an appointment in the space provided.
Reason for Replacement (Required)

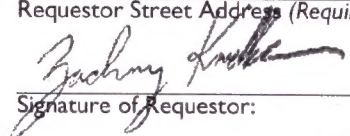
Konrad H. Ng
2. QME Name ☒ In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Behzad Emad
3. QME Name ☒ In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Use this space to provide additional information about your request; attach additional pages as necessary to explain the issues concerning your replacement request. Please attach additional documentation as necessary to support your request. Requests that are either incomplete, inadequately documented or are otherwise incomprehensible will be returned. Please indicate the new address of the injured worker or the workplace zip code where the panel should be issued in the space provided below.
Dr. Lo not scheduling within 90 days. Spoke to Tena on 8/14/19.

08/19/2019 Zachary Kweller 5104442512
Date of Request: (mm/dd/yyyy) Name of Requestor (Required) Requestor Phone Number:
333 Hegenberger Rd #504 Oakland CA 94612
Requestor Street Address (Required) Requestor City (Required) Requestor State (Required) Requestor Zip Code (Required)
 Signature of Requestor:

INJURED WORKER INFORMATION**Panel #: 2442507**

Date Request Received: 07/19/2019
Claim No(s): 7173815490
Date(s) of Injury: 02/15/2019

Date Issued: 08/05/2019

No. of Req: 3



Employer: CARDIONET LLC
Ins./Adj. Agency: MARIO CASTRO
CHUBB GROUP LOS ANGELES
PO BOX 30850
LOS ANGELES CA 90030

To: ZACHARY KWELLER - APP ATTY
FARBER OAKLAND
333 HEGENBERGER RD STE 504
OAKLAND, CA 94621

AUG 07 2019

Employee: JONATHAN SHOCKLEY
Defense Attorney: JAMES J. GOINES
COLANTONI COLLINS SAN FRANCISCO
201 SPEAR ST STE 1100
SAN FRANCISCO, CA 94105

SELECTED QUALIFIED MEDICAL EVALUATOR PANEL:

- [] **PHYSICIAN'S NAME** BEHZAD EMAD, MD --Via telemedicine
ADDRESS 1101 MARINA VILLAGE PKWY STE 201
ALAMEDA CA 94501-3579  **Tel No.:** (310) 804-2720
SPECIALTY Pain Medicine
YEARS IN PRACTICE Twenty-Two
PHYSICIAN'S EDUCATION STATE UNIVERSITY OF NEW YORK, BROOKLYN, NY
Degree awarded in 1994
PHYSICIAN'S TRAINING INTERNAL MEDICINE-UNIVERSITY OF CALIFORNIA IRVINE, ORANGE, CA, 1994-1995
PHYS MED & REHAB-UNIVERSITY OF CALIFORNIA, LOS ANGELES, CA, 1995-1998
- [] **PHYSICIAN'S NAME** KONRAD H. NG, MD
ADDRESS 2000 EMBARCADERO STE 200
OAKLAND CA 94606-5300  **Tel No.:** (800) 458-1261
SPECIALTY Pain Medicine
YEARS IN PRACTICE Eleven
PHYSICIAN'S EDUCATION TUFTS UNIVERSITY SCHOOL OF MEDICINE, BOSTON, MA
Degree awarded in 2003
PHYSICIAN'S TRAINING ROTATING-NEWTON-WELLESLEY HOSPITAL, NEWTON, MA, 2003-2004
PHYS MED & REHAB-ALBERT EINSTEIN/MONTEFIORE MED CTR, BRONX, NY, 2004-2007
PAIN MEDICINE, MEDICAL COLLEGE OF VIRGINIA/VCU, RICHMOND, VA, 2008
- [] **PHYSICIAN'S NAME** TIMOTHY S. LO, MD
ADDRESS 2300 SUTTER ST STE 304
SAN FRANCISCO CA 94115-3029 **415-563-5311** **Tel No.:** (415) 563-2233 x105
SPECIALTY Pain Medicine
YEARS IN PRACTICE Thirteen
PHYSICIAN'S EDUCATION MOUNT SINAI SCHOOL OF MEDICINE, NEW YORK, NY
Degree awarded in 2001
PHYSICIAN'S TRAINING INTERNAL MEDICINE-CABRINI MEDICAL CENTER, NEW YORK, NY, 2001-2002
NEUROLOGY-COLUMBIA PRESBYTERIAN MEDICAL CNTR., NEW YORK, NY, 2002-2005
PAIN MEDICINE, MASSACHUSETTS GENERAL HOSPITAL, BOSTON, MA, 2007

-- Evaluation will take place through the use of telehealth using interactive audio,
video, or data communications. No in-person evaluation will take place.

UAN: Farber Oakland
ERN: 7912453
Ruben Amezcuita
(510) 444 – 2512 x 130
Ruben.amezcuita@farberandco.com

PROOF OF SERVICE BY MAIL

I, the undersigned, am employed in the County of Alameda; I am over 18 years of age, and I am not a party to the within action; my business address is: Farber & Company Attorneys, P.C., 333 Hegenberger Road Suite 504, Oakland, CA. On August 19, 2019 I served the within:

REQUEST FOR REPLACEMENT PANEL

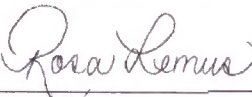
on the parties listed below in said action by placing a true and correct copy thereof in a sealed envelope with the required postage therein, fully prepaid, for collection and mailing on the date and at the place shown below following ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that this correspondence was placed for collection and mailing, it was deposited in the ordinary course of business in a sealed envelope with postage fully prepaid and deposited in the United States mail at Oakland, CA, addressed as follows:

DWC Medical Unit
PO Box 71010
Oakland, CA 94612

Chubb Group Los Angeles
PO Box 30850
Los Angeles, CA 90030

Colantoni Collins San Francisco
201 Spear Street, Suite 1100
San Francisco, CA 94105

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on August 19, 2019 at Oakland, CA.



Rosa Lemus